Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 10/3/11
Amount 1095.00

52785

RECEIVED
OCT 03 2011
OFFICE OF INSPECTOR GENERAL

I. IDENTIFICATION

Name: ROYAL MANOR, INC.

Address: 100 SPARKS AVE

City/County/Zip: NICHOLASVILLE, JESSAMINE, 40356

Telephone number: 859-885-4171

Administrator: BENJAMIN SPARKS

Date facility operation began at current address: MAY 8, 1974

Date facility began operation under current owner: MAY 8, 1974

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home	73	73
Nursing Facility		
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State	Profit X	Individual
County	Nonprofit	Partnership
City		CorporationX
Private X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

JULIAN M SPARKS ESTATE P.O. BOX 565 GREENVILLE, KY 42345

GREGORY S SPARKS P.O. BOX 565 GREENVILLE, KY 42345

(OVER)

10/31

If facility owned or leased by a corporation, complete the following:

Name of corporation ROYAL MANOR, INC.

Address of corporation 100 SPARKS AVE NICHOLASVILLE, KY 40356

President or Chairman GREGORY S SPARKS

Vice President BEAU S SPARKS

Secretary MURIEL MCROY

Treasurer MURIEL MCROY

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Signature of authorized representative	Title	Date
	President	9-28-11

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)